

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042552

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 957/499 Registrar's No. 57

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina		c. CITY OR TOWN Shelbina	
Length of stay in 1b 70 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 405 Myers St.		d. STREET ADDRESS (If outside, give location) 405 Myers St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Charles Cameron Rogers			4. DATE OF DEATH Month September Day 24 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1879	9. AGE (last birthday) 84 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier, Ret.			10b. KIND OF BUSINESS OR INDUSTRY U. S. Post Office		
11a. BIRTHPLACE (City and state or country) Moulton, Iowa			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John H. Rogers		13b. MOTHER'S MAIDEN NAME Ellen Siler		14. NAME OF HUSBAND OR WIFE Ilma Farnsworth Rogers	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] Yes		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Ilma Rogers, Shelbina, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic cancer of bladder + Abdomen		INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Prostate		1 year	
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from May 2, 1962 to Sept. 24, 1963 and last saw him alive on Sept. 24, 1963 Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE G. H. Tomei D.O.	22b. ADDRESS Shelbina, Mo	22c. DATE SIGNED 9-25-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/26/1963	23c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	23d. LOCATION (City, town, or county) Shelbina, Missouri
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24. FUNERAL DIRECTOR Hayes Funeral Home, Shelbina, Mo.	25. DATE RECD. BY LOCAL REG. 9/25/63	26. REGISTRAR'S SIGNATURE Ilma Rogers
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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OCT 29 1963

OCT 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 9/25/63 (NA)